

Criminal and Crash Report Request Form Pursuant to the West Virginia Freedom of Information Act §29B-1 et seq.

REQUESTOR INFORMATION	
Name:	Telephone:
Address:	
City:	
CRIMINAL REPORT	VEHICLE CRASH REPORT
Date of Crime:	Date of Crash:
Type of Crime:	Location:
Location:	Driver(s):
Victim(s):	
	Passenger(s):
CI Report #	
	nstructed Crash Reports ONLY
Date of Original Crash:	Reconstructed Report: \$500.00 x
Original Crash Report #:	Reconstructed Report Certified: \$505.00 x
	Reconstructed Report Fax: \$505.00 x
FEE	SCHEDULE
Crime or Vehicle Crash Report– Mail \$20.00 x	Video/Audio Tapes: \$50.00 x
Certified Vehicle Crash Report \$25.00 x	
Vehicle Crash Report ONLY—Fax \$25.00 x	
	An additional copy fee of \$1.00 per sheet will apply after 50 pags.
	CASH, PERSONAL CHECKS, OR BUSINESS STARTER CHECKS
	ABLE FEE FOR ACTUAL REPORT
Make certified check, business check, or money or	rders payable to: Superintendent, West Virginia State Police
Credit Card Payments (can not accept AMEX): Credit Card	Number:
	CVV:
Authorizing Signature:	
Send to the appropriate methods listed below	w, including payment and a self-addressed envelope
For Criminal Reports:	For Crash Reports:
West Virginia State Police Criminal Investigation Reports	West Virginia State Police Traffic Records Section
701 Jefferson Road	701 Jefferson Road
South Charleston, WV 25309 Phone: (304) 746-2499	South Charleston, WV 25309 Phone: (304) 746-2128
Fax: (304) 746-2403	Fax: (304) 746-2206
	Email: wvsp.crashreports@wvsp.gov
-	processed due to the following:
No fee/incorrect fee enclosed. See above Fee S	
Check or Money Order is incomplete. Please of Incomplete information submitted. Please includes	
No report could be found based on the information	
No Photos Available No Video/Audio	•
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